The Coalition Chronicle

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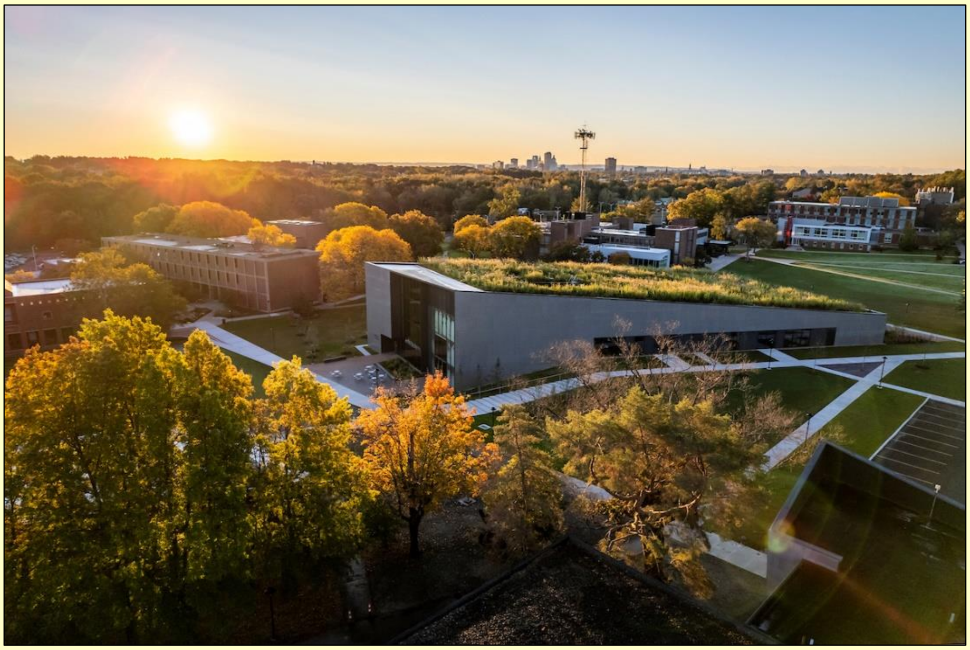
Spotlight Article
University of Hartford



Respiratory Care Program

By Karen Griffiths, MEd, RRT, CPFT

Mission and Vision

The University of Hartford (UHart) is dedicated to learning, personal growth, knowledge creation, and the betterment of society. The University engages students in acquiring the knowledge, skills, and values necessary to thrive in and contribute to a pluralistic, complex world. Faculty members combine a traditionally strong commitment to shared community values of support and encouragement with academic challenges in a wide variety of programs and disciplines to prepare UHart students for success in the 21st century.

Program Curriculum

UHart's four-year program in respiratory care leads to a Bachelor of Science degree. The program is part of the College of Education, Nursing and Health Professions, where students earn career relevant degrees in collaborative and scholarly environments. We offer students the best of two worlds: a liberal arts education and a professional degree in respiratory care. Clinical study is integrated throughout the second, third, and fourth years, both on campus and in hospitals. In their fourth year, students select two areas of specialization that may include pediatrics, adult critical care, pulmonary function, pulmonary rehabilitation, patient assessment and education, allied health education, management, supervision, or research.

Bachelor of Science in Respiratory Care Curriculum

Freshman Year

Fall			Credits
CH	114 or 110	Prin. of Chem. I or College Chemistry I	4
WRT	110W	Academic Writing I	3
CS or M	110 or 114P	Introduction to Computers or Everyday Statistics	3
BIO	122	Biological Science I	4
ENHP or HS	140 or 140P	ENHP Dialogue *(Transfers Only)* or Intro to Health Professions	1 or 2
			15-16

Spring			Credits
CH	136 or 111P	Prin. of Chem. II or College Chemistry II	4
WRT	111W	Academic Writing II	3
M	110 or 140 or 144	Modeling with Elem. Functions or Pre-Calculus w/Trig or Calculus I	3 or 4 or 4
[1]		Humanities Elective	3
HS	111 or 141P	Health Care Concepts *(Transfers Only)* Or Intro to Health Professions II	3 or 2
			15-17

Sophomore Year

Fall			Credits
BIO	212	Anatomy & Physiology I	4
RCP	212	Respiratory Therapy	3
RCP	251	Clinical Practice I	2
BIO	272W	Genetics	3
PHY	102 or 101 or 120	Electricity and the Body or Mech., Heat and the Body or Algebra-Based Physics I	4
			16

Spring			Credits
BIO	213	Anatomy & Physiology II	4
RCP	210	Respiratory Pharmacology	2
RCP	213	Pulmonary Diagnostics and Therapy	3
RCP	252	Clinical Practice II	2
BIO	440	Medical Microbiology	4
			15

Junior Year

Fall			Credits
RCP	214	Mechanical Ventilation and Resuscitation I	4
RCP	325	Cardio-Pulmonary Anatomy & Physiology	4
RCP	331	Medical-Surgical Problems	3
RCP	353P	Clinical Practice III	3
RCP	360W	Respiratory Care Ethics	3
			17

Spring			Credits
RCP	215	Mechanical Ventilation and Resuscitation II	4
CMM	110 or 111 or 115	Communication in the Digital Age or Business and Prof. Comm. or Improving Comm. Skills	3
RCP	333	Neonatal Pediatric Respiratory Care	3
RCP	354	Clinical Practice IV	3
RCP	443	Respiratory Insufficiency and Patient Rehabilitation	3
			16

Summer			Credits
RCP	355	Clinical V	3
			3

Senior Year

Fall			Credits
RCP	460W	Advanced Clinical Practice I	3
UISS		University Interdisciplinary Studies (Social Context)	3
HS[2]	______	Upper-Level HS Elective	3
[3]		Social Science Elective	3
UISA		University Interdisciplinary Studies (Arts)	3
			15

Spring			Credits
RCP	461P	Advanced Clinical Practice I	3
UISC		University Interdisciplinary Studies (Cultures)	3
UIST		University Interdisciplinary Studies (Technology)	3 - 4
[3]		Social Science Elective	3
			12-13
			Total Credits:125-127

State-of-the-Art Simulation Lab

We have multiple state-of-the-art simulation labs on campus, including an immersive simulation suite where we have interprofessional simulations as well as a dedicated respiratory simulation lab. The simulations offer respiratory care students the opportunity to engage in realistic patient-care scenarios. Using real-life scenarios, students manage hypothetical patient cases that foster necessary critical thinking skills. Simulation education provides our students a bridge between classroom learning and real-life clinical experience.

Clinical Experience

The program currently has 13 clinical affiliates that provide diverse, comprehensive, and hands-on clinical experiences for our students. These experiences provide our students with professional networking opportunities and increased marketability after graduation. Current clinical affiliates include:

Hartford Hospital, Hartford, CT

Connecticut Children's Medical Center, Hartford, CT

Yale New Haven Hospital, New Haven CT

Danbury Hospital, Danbury CT

University of Connecticut Health Center, Farmington, CT

Baystate Medical Center, Springfield, MA

Gaylord Hospital, Wallingford, CT

Boston Children's Hospital, Boston, MA

Brigham and Women's Hospital, Boston, MA

MidState Medical Center, Meriden, CT

Hospital of Central Connecticut, New Britain, CT

Middlesex Hospital, Middletown, CT

Saint Francis Medical Center, Hartford, CT

Program History

The UHart program began in 1983 as a four-year Bachelor of Science program. It started with a partnership between the University of Hartford and Hartford Hospital's School of Allied Health. Hartford Hospital is a level I trauma Center

and a teaching hospital located in the South End of Hartford, Connecticut directly adjacent to the main campus of the Connecticut Children's Medical Center. However, with changes in healthcare, Hartford Hospital eliminated the allied health program three years ago. The RT program continue to use Hartford Hospital as a primary clinical site for our students. This change in program structure has also allowed us to diversify the students' clinical rotations to many other medical facilities. This diversity of clinical experiences has provided students with a variety of learning experiences as well as greater professional networking and marketability after graduation. Many of our graduates have moved on to become experts in the field as well as managers and directors of their respiratory departments.

The program is committed to preparing students to become cutting-edge respiratory therapists. Our courses, simulation lab, and clinical experience provide students with the tools needed to become critical thinkers and leaders in the field of respiratory care.

Faculty

Karen Griffiths, MEd, RRT, CPFT is program director and a graduate of University of Hartford with a bachelor of science degree in respiratory care and over 20 years clinical experience. Upon graduation, Karen worked at Hartford Hospital in adult critical care, pediatrics, neonatal, and emergency medicine. She later transitioned to pulmonary rehabilitation and the pulmonary laboratory. During her time at Hartford Hospital, she played a vital role in redesigning the outpatient pulmonary rehabilitation program to meet the national guidelines of the American Association of Cardiovascular Pulmonary Rehabilitation (AACVPR). She became a ten-year state certifier for the AACVPR. As part of the pulmonary rehabilitation team, she helped to create a program to reduce hospital COPD readmissions. She is co-chair of the state respiratory educators committee and is a facilitator for the American Lung Association Better Breather’s Club.

Nicholas Galiatsatos, MS, RRT is director of clinical education, and a practicing respiratory therapist with 17 years of experience in acute care, and 12 years as an educator. He is the director of our simulation laboratory using simulation-based pedagogy to prepare prospective candidates for clinical practice. He completed his academic training at Southern Connecticut State University where he received his master's degree in biology. His clinical experience includes neonatal intensive care, pediatrics, geriatrics, and critical care medicine. He currently teaches didactically in a variety of subjects; mechanical ventilation and resuscitation, respiratory care pharmacology, and cardiopulmonary anatomy and physiology. Nicholas is responsible for the clinical education of students at 13 clinical affiliates in New England. In addition, he serves on the board of directors for the Connecticut Society for Respiratory Care, and practices respiratory therapy at Waterbury Hospital.

Emily Woodworth, BSRT, RRT, RRT-ACCS is a graduate of the University of Hartford with a bachelor of science degree in respiratory care. Emily graduated from the program in 2016 and has worked in various settings ranging from adult critical care, pediatrics, neonatology, emergency medicine, pulmonary rehabilitation, and long-term acute care. She currently works at Gaylord Specialty Healthcare and Hartford Hospital. Emily is also a certified ECMO (Extra corporeal membrane oxygenation) specialist at Hartford Hospital. Emily has served on the Connecticut Society for Respiratory Care board of directors and has held positions as vice president of internal affairs and is currently serving as president elect. During Emily's time as a respiratory therapist she has received the PHIL Award for outstanding respiratory care practitioners at Gaylord Specialty Healthcare, The President Award from the Connecticut Society for Respiratory Care, and the Nurses Choice award From Midstate Medical Center. Emily is currently working towards her MBA in healthcare management.

Also, seven dedicated adjunct faculty serve as clinical instructors: Nicole Gizzi, MS, RRT; Melisa Stabile, MS, RRT; Leticia Lopez, AS, RRT; Lauren Nazzaro, BS, RRT; Robert Tabuso, AS, RRT; Giuseppina Znoj, BS, RRT; and Rudolf Korobkov, BS, RRT.

Contact Information

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INTERVIEW

Jennifer Anderson, Ed.D., RRT, RRT-NPS

Associate Professor, Chair
Department of Respiratory Care
Robert D. & Carol Gunn College of Health Science & Human Services
Midwestern State University
Wichita Falls, Texas

By Jeff Ward, MEd, RRT, FAARC
Mayo Clinic Multidisciplinary Medical Simulation Center
Rochester, Minnesota

1. **Tell us about your early days as a respiratory therapist.**
   - What initially brought you into the profession and moved you further?

My interest in respiratory therapy was prompted when my younger brother was hospitalized with respiratory syncytial virus (RSV) as an infant. While observing his care in the hospital, the respiratory therapists intrigued me. I asked my aunt, who is a nurse, if she knew anything about respiratory therapy. She said it is a great profession and thought I would enjoy it. I started researching schools with bachelor's degrees and found Midwestern State University(MSU Texas), in Wichita Falls, Texas. It's about an hour and a half away from my home in Mineral Wells, where I went to high school. I visited the campus, and at that time, students had to apply to the program as a freshman. The application process involved an interview with the medical director, program director, and faculty. I don't recall details about the interview, but I remember being terrified; this was my first major interview, and I was seventeen. I do recall Mrs. Ann Medford, the director of clinical education, Dr. William Chuck Burk, the program chair, and Dr. Lowell Harvey, the medical director, all being very supportive and explaining more about the profession. I was accepted into the program and eventually obtained my Bachelor of Science in Respiratory Care degree. I was able to start at MSU early because I graduated from high school in three years, and I enjoyed all aspects of college life. Mrs. Medford had the wisdom to suggest that I wait an extra year before starting the respiratory courses once I had completed the core courses. At the time, I was devastated. However, when I look back, it was the best thing for me at the time. I needed a year to mature before working on the respiratory course, lab, and clinic. During that year, I was able to work towards a minor in psychology. During that time, I realized more than ever that I wanted to be a respiratory therapist. This was a wonderful lesson in constructive criticism and helped me to get my priorities in line. It taught me to keep persisting toward becoming a respiratory therapist. It also helped me later after I'd become a teacher to be empathic toward students and encourage those who may be struggling. Don't get me wrong, we still have to hold the line, but sometimes the timing is not right. Once I started the respiratory courses, I fell in love with everything about respiratory therapy. It was all that I talked about and quickly became my passion. In fact, I remember going on a dinner date shortly after one of my first clinical rotations. I was so excited and told my date about everything (all the details) that happened during clinic. It was probably too much detail while eating because I never heard back from that person again. Long story short, I did graduate and passed my board exams.

After graduating, I applied at Dallas Children's Hospital. It was my dream to work in pediatrics. Michelle Murray interviewed me for the position and hired me. I worked on the floors and the step-down ventilator care unit and later transferred to the medical, pediatric intensive care unit (PICU). While in the intensive care unit, I became a preceptor. I really enjoyed working with new graduate respiratory therapists and the teaching role. I was nominated and awarded respiratory therapy practitioner of the year. This was significant to my career because, the Director of Respiratory Care, Sandra McDermott, provided me with the opportunity to attend my first AARC conference, which was in New Orleans. It was an amazing experience and motivated me to be more involved in our professional organization. After a few years of working in the PICU, I was hired into a clinical educator position. While working as a clinical educator, I return to school and earned a Master of Arts in Teaching degree from Texas Woman's University in Denton, Texas. Shortly after obtaining my master's degree, an assistant professor position opened at my alma mater Midwestern State University. I taught for six years and then became the program chair at MSU in 2013. In 2014, I completed a Doctor of Education degree in Higher Education from the University of North Texas in Denton, Texas. In 2020, I received tenure and was promoted to associate professor.

2. **Who were your mentors?**
   -What/how did they contribute to your career?

Career Mentors:

I've had several mentors. Mrs. Ann Medford, who taught me and later became my boss, has always encouraged me to keep working toward my dreams and never give up. Michelle Murray and Sandra McDermott always checked in with all of their employees to see what their future goals were and encouraged and helped them accomplish them. They were also available to step in and help when staff needed help. They taught me what great leadership looks like. When I started working in the PICU, I had several amazing mentors, including Greg Merritt, Kevin Lovett, Darcy Marrow, and many more. When I became a clinical educator, Tenee Rowan and Derek Barrows taught me the ropes of being a clinical educator. Dr. Patrick Helton, who was the clinical chair when I was hired at MSU Texas, took me under his wing and was a wonderful mentor for new faculty member; he has continued to mentor me throughout my career. To this day, Patrick checks in and is always there for me. When I later became program chair, Dr. DeDe Gardner was a magnificent mentor. Dr. Christy Kane has also been a mentor for questions related to teaching, the administrative aspects of a program chair, and multiple other things. At MSU, Dean then Provost Dr. James Johnston and Dean Dr. Jeff Killion have both helped as research and leadership mentors. They have given me several opportunities to attend leadership conferences. I am also extremely grateful to my MSU Respiratory Care colleagues, Dr. Tammy Kurszewski, Dr. Randy Case, Dr. Erica Judie, Dr. Jessica Fino, Mrs. Mary Sue Owen, Dr. Yasha, and Mrs. Mickie Loggins.

Professional Organization Mentors:

Ann Medford also encouraged me to join CoBGRTE when I started teaching. I was appointed to the scholarship committee, later was elected to the Board of Directors, served as secretary. These associations allowed me to meet other CoBGRTE members who have been mentors. Tom Barnes has been a mentor to me. I remember asking him how I could make more of a difference in our profession. He said, “you need to get involved with your state society and perhaps become a delegate.” I took that to heart! At the next Texas Society of Respiratory Care (TSRC) meeting, I went around asking how I could get more involved. I served as the North Region president, was elected as a delegate, and was eventually elected as an AARC house officer. Russell Graham and Mary Hart were mentors to me as a new board member. They taught me about bylaws, policies and procedures, Robert’s Rules of Order, etc. Terri Miller, Dr. Georgianna Sergakis, Dr. Ellen Becker, Joe Goss, Garry Kauffman, Kim Bennion, and Jodi Jaeger have been amazing mentors and helped me in my house officer and AARC Education Section Chair roles. I would also like to thank AARC Specialty Section Chairs, Joel Brown, Maria Madden, and Emilee Lamorena for their wonderful collaboration. The AARC executive office staff and the entire AARC Board of Directors have also been instrumental in helping me with the Education Section chair role.

3. **Could you comment on your *path* in advancing your own education? How did it contribute to your career and in many roles as a leader in the AARC and other professional organizations?**

I believe advancing my education has been a key piece to my career. When I started precepting, I realized that I loved teaching. Obtaining a master's degree helped open the door to a faculty position. My doctorate in education taught me a lot of things including how to conduct research and helped me to better understand the inner workings of higher education. This has helped me as a leader in navigating and advocating for the department, students, and the profession.

4. **What are some key lessons you learned as a clinician, and active participant in professional organizations?**

As a clinician, I learned that you could make a difference no matter how small the task may be. Taking the time to stop, listen, and emphasize with patients and families can make a world of difference. I learned to put myself in others shoes and see things through their lens.

There are numerous CoBGRTE, TSRC and AARC members who have been there for me throughout the years. It is so nice to know that you can call or email and someone who is always willing to help. It is an honor and privilege to be a part of these organizations. I would not be where I am today without you. One of the key things I have learned is to network and advocate together. We are stronger together!

5. **What would you recommend to new graduate therapists just beginning their career?**

Remember why you became a respiratory therapist and practice with that in mind each day. Have empathy and compassion for your patients and their families. Seek out mentors who you feel would be a good fit for you and can guide you along the way. Don't be scared to ask for help. If you mess up, listen and take constructive criticism. Learn from your mistakes. Always advocate for your patients and your profession. Don't forget to thank others who help you along the way. Never stop learning our field changes rapidly. Advance your education you never know what doors will open for you in the future. Become an active member of professional organizations and attend educational meetings. Read professional journals and keep up with best practices. Each time you enter a patient's room, proudly announce that you are a respiratory therapist. Practice self-care and know that you make a difference each day!

International Spotlight

Salima Riahi, MSHS, RRT, RPFT
Cardiopulmonary Director
American Hospital Dubai
Dubai, United Arab Emirates

By Wendy Castro, MS, RRT, RRT-NPS, Chair
CoBGRTE International Outreach Committee

1. **Describe a typical day practicing as an RT in your country.**

A respiratory therapist's duty in the United Arab Emirates can range from giving oxygen therapy, breathing treatments, and assessing inpatients in the floors to caring for critical care patients in the intensive care units and the emergency departments. We work 12 hours shift, 40 to 48 hours a week. The respiratory therapist's day usually starts either at 7 am or 7 pm. After getting the progress reports from the previous shift about the patients assigned, the orders are checked. Then, we start by patient's assessment, breathing treatment administration, tracheostomy care and ventilator rounds. Around 9 am the multidisciplinary rounds start with the physicians, nurses, dietitians, pharmacists, and respiratory therapists. We discuss the course of care of each patient at the bedside. Ventilator settings are documented every 4 hours throughout the day. Each patient on respiratory therapy is assessed every 4 hours and as needed. Corrective intervention is made if necessary. The respiratory assignment for each RT is done based on the point system. Each RT is usually assigned 36 points.

The below table explains how the points are calculated:

NUMBER OF POINTS	RESPIRATORY TREATMENT / INTERVENTION
1 point	*Example on how to assign points per shift:* BID – 1 point day shift; 1 point night shift TID - 2-points day shift; 1 point night shift QID - 3-points day shift; 1 point night shift
6 points	Ventilated patients in ICU
2 points	Tracheostomy
2 points	Humidified High Flow Nasal Cannula

3 points	BIPAP Therapy in the wards
6 points	Cystic Fibrosis patient that requires multiple treatments
Points are assigned by the team leader based on the time taken in each procedure/task	Other procedures/tasks

- Regular Staffing - up to 36 points per RT + extra unplanned procedures and OPD/ER calls
- Maximum Staffing - 42 points per RT + extra unplanned procedures and OPD/ER calls
- Critical Staffing - 44 points per RT + extra unplanned procedures and OPD/ER call

2. **What drew you to respiratory care?**

In 2000, I moved to US from Morocco to pursue a degree in computer science. After few semesters, I changed my degree to cardiopulmonary sciences because I enjoyed science classes more. In addition, I have always found the medical field fascinating. Initially, I was planning to get a bachelor's degree in science to get into the medical school. After starting my clinical rotation in University of Central Florida respiratory care program, I enjoyed it very much.

Having dedication, patience, compassion, and the desire to help people, I knew I was going to be a successful respiratory therapist. What an amazing sensation I feel when bringing a new life into this world or to save a life from ending. I am glad to have chosen this inspiring and rewarding career.

In 2014, I decided to move to the United Arab Emirates. I have worked in few reputable hospitals there that follow the American standards such as the American Hospital Dubai, Zayed Military Hospital, and Cleveland Clinic Abu Dhabi. I am currently a director of the Cardiopulmonary Department in the American Hospital Dubai. I manage the outpatient Pulmonary, the sleep lab, the inpatient respiratory care, cardiology, and neurology.

I have been working in the healthcare industry for approximately eighteen years in the critical care area, the pulmonary function testing clinic, and the sleep lab. In addition, I worked as a vice president of a family-owned real estate company for almost 2 years in Florida. This opportunity allowed me to improve my skills and knowledge in leadership.

Attending international medical conferences, either as a guest or as a speaker, helped me improve my knowledge in the medical field as a healthcare educator and a lecturer. Moreover, being an asthma educator in the American Lung Association and working as a tutor in reputable colleges gave me the opportunity to improve my skills as an educator and as a speaker.

My education and training have all served in improving my interpersonal and communication skills. Furthermore, I possess superior critical thinking and outstanding problem-solving skills along with excellent communication abilities that allow me to reach all levels of stakeholders. My language skills help me communicate effectively with my students, clients, and patients. I can speak and write four languages: English, Arabic, French, and Spanish.

3. **What obstacles did you have to overcome to obtain your degree and practice in your country?**

In the United Arab Emirates, you get to work with people from different backgrounds and countries. Except for the United States and Canada, very few countries have staff dedicated to perform respiratory care. For example, physicians and nurses from Europe and Australia are not familiar with the role of respiratory therapists. In these countries, respiratory care is provided by physiotherapists, nurses, and physicians that chose to specialize in this field. Therefore, most of these healthcare professionals do not seem very happy working with respiratory therapists because they feel we are taking over their jobs.

For examples, I have had some struggles explaining to nurses that airways and ventilation management should be handled by respiratory therapists, and that they shouldn't be changing ventilator settings without notifying us.

4. **What formal education did you have?**

I received an Associate of Arts in General Studies in 2004 from Valencia College. Then, graduated with honors from the University of Central Florida with a bachelor's degree in cardiopulmonary sciences in 2006. I continued working as a respiratory therapist in Florida while being a student in Valencia College in the pre-medicine program in 2008. Two years ago, I completed a master's degree with 4.0 GPA in health sciences with concentration in healthcare administration from the University of Texas Rio Grande Valley in Texas, USA. Lastly, I am a Registered Respiratory Therapist and a Registered Pulmonary Function Technologist from the National Board of Respiratory Care. The Health Authority of Abu Dhabi, the Dubai Health Authority, and the Florida Department of Health recognize my NBRC credentials.

5. **What professional associations are you a member of?**

I am a member of the NBRC, AARC, FSRC, and the Emirates Thoracic Association.

Chulak Appointed Chair of Institutional Members Council

By Thomas A. Barnes, EdD, RRT, FAARC
CoBGRTE Executive Director

The CoBGRTE Executive Committee has appointed Jamy Chulak, MS, RRT as 2023 Chair of the CoBGRTE Institutional Members Council. The Council Chair will serve as a member of the CoBGRTE Board of Directors. Chulak who has been actively involved as a member of the CoBGRTE Board (2017-2022) is a clinical associate professor and program coordinator for the BSRT entry program at the University of North Carolina Wilmington. He is a past president of the Florida Society for Respiratory Care. CoBGRTE active members approved the Institutional Council concept in September 2019 as part of revised Bylaws. Implementation of the Council was delayed by the pandemic. CoBGRTE leaders looks forward to the role the Council will provide for communication between institutional members and board of directors.

Professional Positions Posted

***Georgia State University, *University of Nebraska Medical Center, *Massachusetts College of Pharmacy and Health Sciences, *Thomas Jefferson University, *Rowan University, *University of North Carolina-Charlotte, *Stony Brook University, *University of Missouri, *Liberty University, *St. Catherine University, *University of North Carolina-Wilmington, *Augusta University, *Upstate Medical University-Syracuse, *Norton Healthcare, *University of Virginia Health System**

Developing Interprofessional Education Between Pulmonary and Critical Care Medicine Fellowship Program and Baccalaureate Respiratory Care Program

By Nicholas Henry, PhD, RRT, RRT-ACCS, RRT-NPS, AE-C
Director of Clinical Education and Associate Professor,
Department of Respiratory Care at Texas State University, and
Affiliate Faculty, Department of Internal Medical,
Dell Medical School at the University of Texas at Austin

The Department of Respiratory Care (RC) at Texas State University is pleased to share an exciting and novel interprofessional education collaboration between our faculty and the Department of Internal Medical at the Dell Medical School at the University of Texas at Austin. The Dell Medical School developed a pulmonary and critical care medicine (PCCM) fellowship program and accepted its first cohort in 2022. The PCCM fellowship is based at the Dell Seton Medical Center at the University of Texas and Ascension Seton Medical Center Austin, which are two of our main clinical rotation sites for our baccalaureate respiratory care students. Our students and faculty routinely interact with the pulmonary and critical care physicians during clinical rotations. The Program Director of the PCCM fellowship program and Chief of the Division of Pulmonology and Critical Care for the Department of Internal Medicine, Koonj Shah, M.D., approached our respiratory care department to explore a collaborative educational opportunity to enhance the fellow's knowledge of respiratory therapy. Dr. Shah said,

> *"Often respiratory therapists and pulmonologists work in parallel, but without knowing what one another is doing. As a fellow in training, I had very limited contact with RTs. I learned exclusively from pulmonary and critical care medicine physicians, and I had very limited knowledge."*

Consequently, faculty of the Department of Respiratory Care at Texas State University and faculty of the PCCM fellowship program at Dell Medical School at the University of Texas at Austin agreed to develop an interprofessional education program benefiting the PCCM fellows and our baccalaureate RC students, using a curriculum that involves one-on-one instruction for PCCM fellows from RC faculty, interaction between PCCM fellows and baccalaureate RC students, and PCCM instruction to the RC students.

The collaboration curriculum was developed by Koonj Shah, M.D., Ahmed Sesay, M.D., Nicholas Henry, Ph.D., RRT, RRT-ACCS, RRT-NPS, AE-C, and Libby Rosenthal, M.D, who is a first-year fellow in the PCCM fellowship program. When developing the curriculum, the PCCM fellowship program and RC department each had objectives for the collaboration. The PCCM fellowship program three main objectives were to: 1) increase the understanding of respiratory therapy education and professional boundaries, 2) enrich the knowledge of pulmonary medicine by incorporating training from respiratory therapy faculty, and 3) increase overall morale and collaboration between respiratory therapists and pulmonologist. The objectives from the RC faculty were to: 1) enrich RC student knowledge of pulmonary disease and critical care management from a pulmonologist perspective, 2) improve RC student communication with pulmonary physicians, and 3) prepare students to act as experts during patient rounds when discussing critical care patient management with physicians and other members of the interdisciplinary team.

The PCCM fellowship curriculum consists of rotations through the adult intensive care units at Dell Seton Medical Center at the University of Texas and Ascension Seton Medical Center Austin, their out-patient pulmonary clinic, and dedicated research blocks, that allows the PCCM fellows to design, conduct, and prepare an original research project for publication. The PCCM fellows have two one-month research blocks during the first year, three one-month research blocks during the second year, and five month-long research blocks during the third year of the fellowship program. As part of the research blocks, the fellows visit the Texas State University campus to interact with RC faculty and RC students. RC faculty provide one-on-one instruction with the fellows regarding mechanical ventilation graphic interpretation, advanced mechanical ventilation modes, respiratory therapy (e.g., lung expansion therapy, secretion clearance therapy, and respiratory muscle training), polysomnography, and pulmonary function testing. Fellows interact with RC students by facilitating presentations regarding pulmonary disease, critical care management, and discussions regarding respiratory therapy and physician interactions in the critical care setting.

While the collaboration is within its first year of implementation, the PCCM faculty and RC faculty believe the fellows and RC students have already had positive experiences. Paul Sakaria, M.D. is one of the first fellows to visit the Texas State University campus. He provided positive feedback about his experience,

> *"In my first trip to the Texas State University campus, I found a wealth of knowledge and educational opportunities that I didn't even realize I needed. A couple dedicated sessions on ventilator waveform analysis and troubleshooting ventilator dyssynchrony taught me more about the mechanics of ventilators than I had learned throughout my clinical practice as a resident. I was blown away by the attention and interaction with the*

> *faculty who clearly grasped the importance of the RT - Pulmonologist interaction and clearly had a vested interest in training healthcare workers to care for patients with respiratory disease. I'm optimistic this collaboration will enhance the care of patients in the greater Austin community."*

Libby Rosenthal, M.D. also described a positive experience while interacting with the RC faculty. She said,

> *"I am really excited about this collaboration. I got to have the first lesson on the ventilator and it was awesome. I learned more in two hours than I have about ventilators in all of residency. Going through a systematic approach with a true expert is such a valuable experience. This collaboration is going to strengthen a critical professional relationship in the ICU between respiratory therapists and physicians. Some of the most delicate processes in the ICU all center on excellent communication and teamwork between these two professions."*

Respiratory care students have also expressed positive experiences when interacting with the PCCM fellows. They expressed interest in the discussions and topics the PCCM fellows have facilitated while asking meaningful follow-up questions. They have also expressed appreciation for the interaction with the fellows outside the hospital, which broke down barriers associated with the physician led hierarchy sometimes experienced within the critical care setting.

This collaboration also presents a unique opportunity for research. I have had the pleasure of being appointed to the Dell Medical School at the University of Texas, Department of Internal Medicine faculty as an affiliate faculty, which provides the opportunity to collaborate with the PCCM faculty. I have been appointed and participate on the PCCM faculty research committee and am acting as a research mentor for one of the PCCM fellows. I am optimistic for the opportunities and connections the collaboration will provide for research between the faculty of the Department of Respiratory Care at Texas State University and the PCCM faculty and/or fellows of the Dell Medical School.

Interprofessional education is not a new concept, and the professional literature supports interprofessional education programs among medical school students and students of other healthcare disciplines. We have not found publications describing an interprofessional education program similar to our collaboration, and we believe this is a novel program. Throughout the next few years, the curriculum will be evaluated and revised to meet respiratory care students and PCCM fellow needs. Outcomes of this collaboration will be evaluated with the hope of presenting and publishing the findings. Furthermore, this program highlights the respiratory therapist's knowledge and contributes to the critical care team. Physicians participating in this program will take these experiences to their future practice as attending pulmonary and critical care physicians, and some may educate future medical students and residents. While this program has had an initial impact on our local community, it has the opportunity for these PCCM fellows to pass on their knowledge of the respiratory therapy profession to future physicians throughout the country.

Draeger Supports AARC Leadership Scholarships

By Edwin Coombs, MA, RRT, RRT-NPS, RRT- ACCS, FAARC
Senior Director of Marketing
Portfolio Solutions Training, Clinical Affairs, & Intensive Care
North America

The AARC has opened its 2023 application process for the AARC Leadership Scholarship which is sponsored by Draeger. This is now year two of a ten-year commitment to advance the RC profession. A total of 4 scholarships (2 education/2 research) are available through an application process.

All CoBGRTE members are encouraged to spread the word to your colleagues that may be interested in pursuing education or research career opportunities within respiratory care. The application process is at AARC Leadership Institute Education/Research Track Scholarship Application - AARC A panel chosen by the AARC reviews the applications and selects the awardees independent of Draeger.

ASRT to BSRT & MSRC Degree Advancement Programs

BSRT and MSRT Entry Programs

Graduate Respiratory Therapist Programs

www.CoBGRTE.org

CoBGRTE Membership Committee Drawing

Win an Apple [Airpods Pro Second Generation]

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Drawing will be held May 1, 2023

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Texas State University
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Louisiana State University Health Science Center – New Orleans
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Utah Society for Respiratory Care

CoBGRTE Institutional Members - Continued

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West Chester University/Bryn Mar Hospital

Thomas Jefferson University

If you have not already decided to become a CoBGRTE member after visiting www.cobgrte.org, the following are 14 reasons why you should join the coalition.

Reasons Why You Should Become a CoBGRTE Member

1. Award scholarships to baccalaureate and graduate respiratory therapy students.
2. Assist in the development of ASRT to BSRT Bridge Programs.
3. Collectively work towards the day when all respiratory therapists enter the profession with a baccalaureate or graduate degree in respiratory care.
4. Support a national association, representing the 70 colleges/universities awarding baccalaureate and graduate degrees in respiratory care, to move forward the recommendations of the third 2015 conference.
5. Help start new baccalaureate and graduate RT programs thus leading to a higher quality of respiratory therapist entering the workforce.
6. Work to change the image of the RT profession from technical-vocational-associate degree education to professional education at the baccalaureate and graduate degree level.
7. Mentoring program for new graduates as well as new faculty members.
8. Join colleagues to collectively develop standards for baccalaureate and graduate respiratory therapist education.
9. Develop public relations programs to make potential students aware of baccalaureate and graduate respiratory therapist programs.
10. Help to publicize, among department directors/managers, the differences between respiratory therapists with associate, baccalaureate, and graduate degrees.
11. Access to over 75 Spotlight articles on BSRT and RT graduate programs, and major medical centers.
12. Round table discussion dinners and Meet & Greet member receptions held in conjunction with the AARC Summer Forum and the International Congress.
13. Help to support maintaining a roster and web site for all baccalaureate and graduate respiratory therapist programs.
14. Collaborate with CoARC and AARC to improve respiratory therapy education.

CoBGRTE

Coalition for Baccalaureate and Graduate Respiratory Therapy Education

"Dedicated to Improving Respiratory Therapy Education"

www.cobgrte.org